



TRENTON, NEW JERSEY 08666

STATE OF NEW JERSEY
DEPARTMENT OF TRANSPORTATION
Division of Motor Vehicles

IRP REGISTRATION CERTIFICATION

This form must be completed prior to IRP Registration or Renewal

1. Does the New Jersey address have a physical structure owned, leased or rented by the fleet registrant?

☐ YES

☐ NO

2. Is this location open during normal business hours? (Monday - Friday 8 a.m. to 5 p.m.)

☐ YES

☐ NO

3. Does the location have a telephone or telephones publicly listed in the name of the fleet registrant, supported by a New Jersey telephone company's billing records?

☐ YES

☐ NO

4. Is there a person or persons conducting the fleet registrant's business in the location during normal business hours?

☐ YES

☐ NO

5. Are the operational records of the fleet located at this location?

☐ YES

☐ NO

6. If not, can the operational records be made available at the New Jersey location in the event of an audit?

☐ YES

☐ NO

If no, the registrant must pay all costs of travel and per diem expenses in accordance with the IRP Agreement, Section 1602.

I/we, the undersigned, do hereby certify, under penalty of perjury, that the statements made herein are true and correct to the best of my/our knowledge, information and belief. I/we understand that in the event the established place of business is proven to be outside the State of New Jersey, the registrant will be suspended and the registration and document fees will not be refunded.

Name of Company

Print Name of Registrant

Signature of Registrant

Date

IRP Account Number
MVS Use Only

New Jersey Is An Equal Opportunity Employer

REGISTRANT INFORMATION				STATE OF NEW JERSEY NEW JERSEY MOTOR VEHICLE SERVICES MOTOR CARRIERS UNIT, IRP SECTION 225 EAST STATE STREET, P.O. BOX 178 TRENTON, NJ 08666-0178 (609) 633-9399 FAX (609) 633-9394 ORIGINAL/SUPPLEMENTAL APPLICATION SCHEDULE A/C PLEASE CHECK ONE: <input type="checkbox"/> ORIGINAL <input type="checkbox"/> RENEWAL <input type="checkbox"/> SUPPLEMENT 1. PLEASE READ INSTRUCTIONS ON BACK OF FORM BEFORE COMPLETING APPLICATION 2. PLEASE PRINT CLEARLY IN INK, OR TYPE. PERSON TO CONTACT REGARDING APPLICATION			COLUMN 5	COLUMN 8	PAGE OF
ACCOUNT NUMBER	FLEET NUMBER	SUPP. NUMBER	REGISTRATION EXP (MONTH / YEAR)				TYPE	FUEL	COLUMN 9
NJ							TK – TRUCK (SINGLE) TR – TRACTOR TT – TRUCK TRACTOR ST – SEMI-TRAILER FT – FULL TRAILER CG – CONVERTER GEAR BS – BUS CV – CONSTRUCTOR VEHICLE (CODE 41) SW – SOLID WASTE VEHICLE (CODE 39)	D – DIESEL G – GASOLINE P – PROPANE N – NATURAL GAS	VEHICLE: ADDITION DELETION TRANSFER CHANGE WEIGHTS REPLACEMENT PLATES DUPLICATE CAB CARDS CORRECTION ADDRESS CHANGE
NAME OF REGISTRANT									
BUSINESS ADDRESS (DO NOT USE P.O. BOX)									
CITY	STATE	ZIP CODE							
MAILING ADDRESS				CITY			STATE	PHONE NUMBER ()	
CITY	STATE	ZIP CODE							

UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AND AT THE WEIGHTS SHOWN BELOW. WEIGHTS WILL BE PRINTED ON THE CAB CARD FOR ALL UNITS

VEHICLE INFORMATION																			
AL (ALABAMA)		DE (DELAWARE)		KY (KENTUCKY)		MS (MISSISSIPPI)		NV (NEVADA)		SD (SOUTH DAKOTA)		WV (WEST VIRGINIA)		NS (NOVA SCOTIA)					
AK (ALASKA)		FL (FLORIDA)		LA (LOUISIANA)		MT (MONTANA)		NY (NEW YORK)		TN (TENNESSEE)		WY (WYOMING)		NT (NORTHWEST TERR.)					
AR (ARKANSAS)		GA (GEORGIA)		MA (MASSACHUSETTS)		NC (NORTH CAROLINA)		OH (OHIO)		TX (TEXAS)		AB (ALBERTA)		ON (ONTARIO)					
AZ (ARIZONA)		IA (IOWA)		MD (MARYLAND)		ND (NORTH DAKOTA)		OK (OKLAHOMA)		UT (UTAH)		BC (BRITISH COLUMBIA)		PE (PRINCE EDWAR ISL...)					
CA (CALIFORNIA)		ID (IDAHO)		ME (MAINE)		NE (NEBRASKA)		OR (OREGON)		VA (VIRGINIA)		MB (MANITOBA)		PQ (QUEBEC)					
CO (COLORADO)		IL (ILLINOIS)		MI (MICHIGAN)		NH (NEW HAMPSHIRE)		PA (PENNSYLVANIA)		VT (VERMONT)		MX (MEXICO)		SK (SASKATCHEWAN)					
CT (CONNECTICUT)		IN (INDIANA)		MN (MINNESOTA)		NJ (NEW JERSEY)		R I (RHODE ISLAND)		WA (WASHINGTON)		NB (NEW BRUNSWICK)		YT (YUKON)					
DC (DIST OF COLUMBIA)		KS (KANSAS)		MO (MISSOURI)		NM (NEW MEXICO)		SC (SOUTH CAROLINA)		WI (WISCONSIN)		NF (NEWFOUNDLAND)							
DELETED VEHICLE INFORMATION																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
OWNER EQUIPMENT (UNIT) NUMBER	Y E A R	MAKE OF VEHICLE	VEHICLE IDENTIFICATION NUMBER (AS SHOWN ON TITLE)	T Y P E	AXLES OR SEATS	UNLADEN WEIGHT	F U E L	GROSS WEIGHT	PURCHASE PRICE OF VEHICLE	FACTORY PRICE	DATE OF PURCHASE MO/DA/YR	DATE OF LEASE MO/DA/YR	NAME OF OWNER AS SHOWN ON TITLE	HORSE POWER (BUSES ONLY)	CURRENT NJ LICENSE PLATE NUMBER	CURRENT EXPIRATION MONTH & YR	<u>MVS USE ONLY</u> IRP LICENSE PLATE NUMBER		
DELETED VEHICLE INFORMATION													19 INSURANCE INFORMATION						
1	2	3	4	5		6	7		8		NAME OF INSURANCE COMPANY AS SHOWN ON POLICY								
OWNER EQUIPMENT (UNIT) NUMBER	Y E A R	MAKE OF VEHICLE	CURRENT IRP PLATE #	VEHICLE IDENTIFICATION NUMBER (AS SHOWN ON TITLE)		GROSS WEIGHT	REPLACEMENT EQUIPMENT (UNIT) NUMBER		REASON REMOVED		POLICY OR BINDER NUMBER								
											Certification: By signing this application I certify knowledge of the Federal and State motor carrier safety laws and further certify this fleet is maintained in compliance with the New Jersey Inspection / Maintenance Program.					Insurance: I certify under penalty of law that the vehicle(s) noted on the face hereof is covered by at least the minimum amounts of insurance required by New Jersey insurance laws, and further certify that this vehicle will be continuously insured throughout it's registration period. This certification may be used for insurance verification purposes.			
											20 US DOT #								
											21 FEDERAL ID # OR SS #								
											SIGNATURE (APPLICANT OR AUTHORIZED REPRESENTATIVE)							DATE	

INSTRUCTIONS FOR COMPLETING ORIGINAL/SUPPLEMENTAL APPLICATION (SCHEDULE A/C)

REGISTRANT/FLEET INFORMATION		VEHICLE INFORMATION (CONT.)	
ACCOUNT NUMBER	- Enter the IRP account number assigned by New Jersey Motor Vehicle Services. If this is your initial IRP application leave this block blank, as this number will be assigned when your original application is filed with DMV.	5.	VEHICLE TYPE- See vehicle type abbreviations on front of Schedule at top right.
FLEET NUMBER	- If more than one fleet is registered under the same company name, indicate which fleet number (001, 002, etc.) that this application refers to.	6.	AXLE-SEATS- Enter the number of axles for each truck/tractor or number of seats for each bus.
SUPPLEMENT NUMBER	- Start with 001 on the first supplement. Number each additional supplement consecutively. Be sure to mark the type of supplemental application you are submitting by completing Column 9, "Supplemental Type."	7.	UNLADEN WEIGHT- Weight of the vehicle without a load. Enter for trailers also.
REGISTRATION YEAR	- Provide month and year of expiration.	8.	FUEL- Diesel, Gasoline, Propane or Natural Gas: See front of Schedule for fuel abbreviations at top right.
PAGE #	- Number the pages consecutively.	9.	GROSS WEIGHT- The unladen (empty) weight of a vehicle plus the weight of the load carried on that vehicle. For a tractor this would be the weight of the tractor plus that part of the weight of a fully loaded semi-trailer resting on the tractor. For the semi-trailer, enter the unladen (empty) weight of the semi-trailer plus the weight of the heaviest load to be carried on the rear axle or axles.
NAME OF REGISTRANT	- Name of person, firm or corporation requesting apportioned registration.	10.	PURCHASE PRICE OF VEHICLE- The actual purchase price of the vehicle (i.e., price paid for the vehicle by the current owner).
BUSINESS ADDRESS	- (Street, city, state, zip code)-where applicant has an established place of business and a telephone, and will maintain and/or make records available for audit. Cannot be a post office box.	11.	FACTORY PRICE- Manufacturer's list price of the vehicle when new, including accessories and modifications.
MAILING ADDRESS	- (Street, city, state, zip code)-apportioned registration license plates will be sent to this address. All correspondence will be sent to this address.	12.	DATE OF PURCHASE- Month, day and year of purchase.
PERSON TO CONTACT	- Name of person to be contacted to resolve problems with application. Include phone number.	13.	DATE OF LEASE- Month, day and year of lease.
WEIGHT INFORMATION		14.	NAME OF OWNER- Name of owner for each vehicle if registrant other than owner. Signed affidavit from owner must be on file with the Division.
List weight to be carried in each jurisdiction where fleet will be apportioned. Limit vehicles on each page to power units or Trailers, and use a separate page if weights in all jurisdictions do not follow the same pattern for each vehicle.		15.	HORSEPOWER (Buses Only)- Rated capacity of the engine
VEHICLE INFORMATION		16.	CURRENT NEW JERSEY LICENSE PLATE NUMBER- If vehicle currently registered in New Jersey, list license plate number. Note: If vehicle is not new and has never been titled in New Jersey, you must title the vehicle prior to registration.
1. EQUIPMENT NUMBER-	Arbitrary number assigned by applicant to each unit. Number should be unique for each vehicle.	17.	CURRENT EXPIRATION MONTH AND YEAR- Provide current registration expiration date for each vehicle.
2., 3. YEAR AND MAKE-	Manufacturer's model year and make.	18.	MVS USE ONLY
4. VEHICLE IDENTIFICATION NUMBER-	Complete VIN as shown on vehicle and listed on the manufacturer's Certificate of Origin or Title.	19.	INSURANCE INFORMATION- Show name of vehicle liability insurance company as it appears on policy. Also indicate insurance policy or binder number.
		20.	US DOT #- Please provide US DOT # for you or your company.
		21.	PLEASE SIGN THE APPLICATION AND PROVIDE YOUR FEDERAL ID # OR SS #
		DELETED VEHICLE INFORMATION	
		1. -3.	Follow same instructions shown for steps 1-3 of Vehicle Information
		4.	CURRENT IRP PLATE # - Provide the license plate number of the vehicle you are deleting.
		5.	VEHICLE IDENTIFICATION NUMBER - Follow same instructions for step 4 of Vehicle Information.
		6.	GROSS WEIGHT - Follow the same instructions shown for step 9 of Vehicle Information.
		7.	REPLACEMENT EQUIPMENT # - Unit number of the vehicle being added in place of the deleted unit.
		8.	REASON REMOVED - Enter the reason the vehicle is being deleted (ex. sold, wrecked, junked, fleet transfer, etc.)

ACCOUNT NUMBER	FLEET NUMBER	SUPP. NUMBER	REGISTRATION EXPIRATION (MONTH/YEAR)	<div>STATE OF NEW JERSEY</div> <div>NEW JERSEY MOTOR VEHICLE SERVICES</div> <div>MOTOR CARRIERS UNIT, IRP SECTION</div> <div>225 EAST STATE STREET, P.O. BOX 178</div> <div>TRENTON, NJ 08666-0178</div> <div>(609) 633-9399 FAX (609) 633-9394</div> <div>MILEAGE SCHEDULE B</div> <div>INSTRUCTIONS</div> <div>1. Please read instructions on back of form before completing.</div> <div>2. Please print clearly in ink or type.</div>			TYPE OF OPERATION			
NJ	NAME OF REGISTRANT						Kind of Operation: <input type="checkbox"/> Private Carrier <input type="checkbox"/> Rental <input type="checkbox"/> Haul for Hire			
							<input type="checkbox"/> Bus <input type="checkbox"/> Exempt Commodity <input type="checkbox"/> Household Goods Mover			
BUSINESS ADDRESS (Do not use P.O. Box)			TYPE OF COMMODITY							
			<input type="checkbox"/> All <input type="checkbox"/> Logs <input type="checkbox"/> Gravel <input type="checkbox"/> Other _____							
CITY			STATE	ZIP CODE	PERSON TO CONTACT REGARDING APPLICATION			SUPPLEMENT TYPE		
MAILING ADDRESS								<input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Add Jurisdiction		
CITY			STATE	ZIP CODE	CITY	STATE	PHONE NUMBER ()			

DO NOT SHOW ACTUAL AND ESTIMATED MILES FOR THE SAME STATE (SEE INSTRUCTIONS FOR REPORTING MILEAGE).
LIST MILEAGE IN EACH STATE WHERE THIS FLEET TRAVELED FOR THE PERIOD OF JULY 1 THROUGH JUNE 30 OF THE YEAR PRECEDING THE LICENSE YEAR FOR WHICH YOU ARE APPLYING.
MARK "X" IN SPACE FOR EACH IRP JURISDICTION WHERE YOU ARE FILING FOR PROPORTIONAL REGISTRATION.

(X)	STATE	ESTIMATED MILEAGE	ACTUAL	(X)	STATE	ESTIMATED MILEAGE	ACTUAL MILEAGE	(X)	STATE	ESIMATED MILEAGE	ACTUAL MILEAGE	MVS USE ONLY								
	AL (ALABAMA)				MI (MICHIGAN)				TX (TEXAS)				INSURANCE INFORMATION							
	AK (ALASKA)				MN (MINNESOTA)				UT (UTAH)					NAME OF COMPANY AS SHOWN ON POLICY						
	AZ (ARIZONA)				MS (MISSISSIPPI)				VT (VERMONT)						POLICY OR BINDER NUMBER					
	AR (ARKANSAS)				MO (MISSOURI)				VA (VIRGINIA)							INSURANCE: I certify under penalty of law that the vehicle(s) in this fleet is covered by at least the minimum amounts of insurance required by New Jersey insurance laws, and further certify that this vehicle will be continuously insured throughout it's registration period. This certification may be used for insurance verification purposes.				
	CA (CALIFORNIA)				MT (MONTANA)				WA (WASHINGTON)								US DOT #			
	CO (COLORADO)				NE (NEBRASKA)				WV (WEST VIRGINIA)									Federal ID # OR SS#		
	CT (CONNECTICUT)				NV (NEVADA)				WI (WISCONSIN)										MUST BE SIGNED	
	DE (DELAWARE)				NH (NEW HAMPSHIRE)				WY (WYOMING)											CERTIFICATION: By signing this application I certify knowledge of the Federal and State motor carrier safety laws and further certify this fleet is maintained in compliance with the New Jersey Inspection/Maintenance Program.
	DC (DISTRICT OF COLUMBIA)			X	NJ (NEW JERSEY)				AB (ALBERTA)											
	FL (FLORIDA)				NM (NEW MEXICO)				BC (BRITISH COLUMBIA)			ESTIMATED ACTUAL								
	GA (GEORGIA)				NY (NEW YORK)				MB (MANITOBA)				TOTAL VEHICLES REPRESENTED BY ABOVE FLEET							
	ID (IDAHO)				NC (NORTH CAROLINA)				NB (NEW BRUNSWICK)											
	IL (ILLINOIS)				ND (NORTH DAKOTA)				NF (NEWFOUNDLAND)											
	IN (INDIANA)				OH (OHIO)				NS (NOVA SCOTIA)											
	IA (IOWA)				OK (OKLAHOMA)				NT (NORTHWEST TERR.)											
	KS (KANSAS)				OR (OREGON)				ON (ONTARIO)											
	KY (KENTUCKY)				PA (PENNSYLVANIA)				PE (PRINCE EDWARD IS.)											
	LA (LOUISIANA)				RI (RHODE ISLAND)				PQ (QUEBEC)											
	ME (MAINE)				SC (SOUTH CAROLINA)				SK (SASKATCHEWAN)											
	MD (MARYLAND)				SD (SOUTH DAKOTA)				YT (YUKON)											
	MA (MASSACHUSETTS)				TN (TENNESSEE)				MX (MEXICO)											
NOTE: Explain the scope of your operation for any Estimated Mileage shown above; (Note: You must use at least the minimum amount listed on the estimated mileage chart for each state for which you estimate mileage.)									GRAND TOTAL MILEAGE	ESTIMATED	ACTUAL			CERTIFICATION: By signing this application I certify knowledge of the Federal and State motor carrier safety laws and further certify this fleet is maintained in compliance with the New Jersey Inspection/Maintenance Program.						

INSTRUCTIONS FOR COMPLETING MILEAGE (SCHEDULE B)

- Account Number** - Enter the IRP account number assigned by New Jersey Motor Vehicle Services. If this is your initial IRP application
- Fleet Number** - If more than one fleet is registered under the same company name, indicate which fleet number (001, 002, etc.) that this application refers to.
- Supplement Number** - Start with 001 on first supplement. Number each additional supplement consecutively. Be sure to mark the type of supplemental application you are submitting.
- Registration Year** - Provide month and year of expiration.
- Name of Registrant** - Name of the person, firm or corporation requesting apportioned registration.
- Business Address** - (Street, city, state, zip code)- where applicant has an established place of business and a telephone, and will maintain and/or make records available for audit. **Cannot be a post office box.**
- Mailing Address** - (Street, city, state, zip code)- apportioned registration license plates and correspondence will be sent to this address.
- Person to Contact** - Name of person to be contacted to resolve problems with application. Include phone number.
- Type of Operation** - This portion of the form must be completed. Enter all applicable data.
- Type of Commodity** - Provide type of commodity.
- Supplemental Type** - Place an "x" to indicate the type of supplemental application you are submitting.
- IRP Jurisdictions** - Place an "x" mark beside each IRP jurisdiction with which you wish to apportion registration.
- Reporting Mileage** - Actual or estimated mileage in every jurisdiction you will be traveling through. (Refer to Carrier Guide).
- Insurance Information** - Provide the insurance information, as required, for your vehicles.
- US DOT #** - Must provide US DOT # for you or your company.
- Federal ID # or SS #** - Provide your Federal Identification Number or your Social Security Number.
- Signature** - Signature of person authorized to apply for registration.

FEDERAL HEAVY VEHICLE USE TAX- If you are required by Section 4481 of the Internal Revenue Code to pay a Heavy Vehicle Use Tax, (Vehicles registered at 55,000 lbs. and greater) registration must be accompanied by proof of payment as prescribed by the Secretary of the Treasury. Acceptable proofs of payment are:

- a. Receipted IRS Form 2290, Schedule 1.
- b. Photocopy of the receipted IRS Form 2290, Schedule 1.
- c. Photocopy of non-receipted IRS Form 2290 with schedule 1 attached along with a copy of both sides of the cancelled check showing payment of the tax.
- d. Photocopy of non-receipted IRS Form 2290 with the Schedule 1 attached along with a copy of original of the IRS Statement Form 4428 or 8488 that shows an installment has been made.

ESTIMATED MILEAGE CHART

JUR	NORTH/SOUTH MILES	EAST/WEST MILES	TOTAL MILES	JUR	NORTH/SOUTH MILES	EAST/WEST MILES	TOTAL MILES
NJ	165	60	225	NM	390	350	740
AK	1100	2000	3100	NV	485	320	805
AL	335	205	540	NY	310	320	630
AR	220	220	440	OH	251	225	476
AZ	395	345	740	OK	230	466	696
CA	770	370	1140	OR	295	376	671
CO	275	385	660	PA	170	308	478
CT	75	90	165	RI	47	40	87
DC	8	8	16	SC	210	275	485
DE	96	36	132	SD	245	379	624
FL	450	360	810	TN	115	435	550
GA	320	255	575	TX	800	775	1575
IA	210	320	530	UT	345	275	620
ID	480	310	790	VA	200	440	640
IL	380	210	590	VT	160	85	245
IN	275	150	425	WA	235	345	580
KS	205	410	615	WI	320	295	615
KY	175	425	600	WV	235	265	500
LA	267	286	553	WY	275	365	640
MA	110	190	300	AB	760	400	1160
MD	125	200	325	BC	780	650	1430
ME	315	205	520	MB	750	490	1240
MI	285	195	480	NB	230	190	420
MN	410	350	760	NF	325	650	975
MO	285	305	590	NT	1680	1800	3480
MS	330	180	510	NS	375	100	475
MT	320	550	870	ON	1050	1000	2050
NC	190	505	695	PE	120	40	160
ND	210	360	570	PQ	1200	1000	2200
NE	205	420	625	SK	758	391	1149
NH	180	93	273	YT	650	580	1230

When calculating estimated mileage, report the total for one year.

1. Figures shown are for ONE TRIP through each jurisdiction. These figures are to be used as a GUIDELINE ONLY for carriers that are establishing or renewing a fleet.
2. If a carrier wishes to estimate LOWER than the above figures, they must back up their mileage claim in writing for their file.
3. To determine the ANNUAL MILEAGE for each jurisdiction, multiply the one trip figure by the number of projected trips to each jurisdiction.